

**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF TEXAS
FORT WORTH DIVISION**

DR. JAMES DOBSON FAMILY
INSTITUTE and USATRANSFORM
d/b/a UNITED IN PURPOSE,

Plaintiffs,

v.

Case No. 4:24cv00986-O

XAVIER BECERRA, Secretary of the
United States Department of Health and
Human Services; UNITED STATES
DEPARTMENT OF HEALTH AND
HUMAN SERVICES; CHARLOTTE
BURROWS, Chair of the United States
Equal Employment Opportunity
Commission; and UNITED STATES
EQUAL EMPLOYMENT
OPPORTUNITY COMMISSION

Defendants.

RETURN OF SERVICE

The Summons and complaint were served on Defendant United States Department of Health and Human Services, by U.S. Postal Service Certified Mail on October 28, 2024. The signed return receipt (PS Form 3811) is attached as proof of service on the named defendant.

Respectfully submitted this 6th day of November, 2024.

/s/ Andrew Nussbaum

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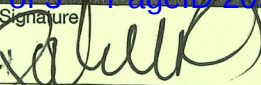
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Attorneys for Plaintiffs

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY																	
<ul style="list-style-type: none">■ Complete items 1, 2, and 3.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits.		<p>A. Signature X </p> <p>B. Received by (Printed Name) RCS</p> <p>C. Date of Delivery 10/28/24</p>																	
<p>1. Article Addressed to: U.S. Dept. of Health & Human Services 200 Independence Ave. SW Washington, DC 20201</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>																	
<p>2. Article Number (Transfer from service label) 7019 0160 0000 2500 4296</p>		<p>3. Service Type</p> <table border="0"><tr><td><input checked="" type="checkbox"/> Adult Signature</td><td><input type="checkbox"/> Priority Mail Express®</td></tr><tr><td><input type="checkbox"/> Adult Signature Restricted Delivery</td><td><input type="checkbox"/> Registered Mail™</td></tr><tr><td><input checked="" type="checkbox"/> Certified Mail®</td><td><input type="checkbox"/> Registered Mail Restricted Delivery</td></tr><tr><td><input type="checkbox"/> Certified Mail Restricted Delivery</td><td><input type="checkbox"/> Return Receipt for Merchandise</td></tr><tr><td><input type="checkbox"/> Collect on Delivery</td><td><input type="checkbox"/> Signature Confirmation™</td></tr><tr><td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td><td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td></tr><tr><td><input type="checkbox"/> Insured Mail</td><td></td></tr><tr><td><input type="checkbox"/> Insured Mail Restricted Delivery</td><td></td></tr></table>		<input checked="" type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery	
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PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt